MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

11722

Reg. Diat. No. 213.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Kent

City or town: Rock Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary C. Ashley.

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Fem.	Wh.	widowed.

6 (b) Name of husband or wife: Philip G. Ashley

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 9. 1846

8. AGE:

Years	Months	Days	If less than one day
94	10	14	hrs. min.

9. Birthplace: Rock Hall, Md (Town, county, and state)

10. Usual occupation: Housework.

11. Industry or business: —

FATHER

12. Name: Samuel Ayres

13. Birthplace: Rock Hall, Md

MOTHER

14. Maiden name: Sarah ?

15. Birthplace: Not Known

16. Informant: Mrs George Ashley

Address: Centerville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 24 1940 (month) (day) (year)

Cemetery or crematory: Cemetery.

Location: Wesley Chapel.

18. Funeral director: Wm. H. Gord.

Address: Church Hill. Md.

19. Nov. 24 1940 (Date rec'd by registrar) Mrs. T. B. Dowding. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 22nd 1940, at 12:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 9 1940, to Nov 22 1940, and that I last saw h- alive on Nov 20 1940.

	DURATION
Immediate cause of death: old age	
Chronic Endo-Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: Albert G. Burgard M.D. M. D. or other

Address: Rock Hall, Md Date signed 11/24/40

RECEIVED
DEC 3 1940
BUREAU V. S.

11723

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 2 & 3

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Kent

City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Ida V. Blackiston

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
fem	Wh.	married

6 (b) Name of husband or wife: James A. Blackiston

6(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Jan 27 1875

8. AGE:

Years	Months	Days	If less than one day
65	9	7	hrs. min.

9. Birthplace: Kent Co.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: own home

FATHER
12. Name: James L Frazier
13. Birthplace: Dorchester Co.

MOTHER
14. Maiden name: Sarah Morton
15. Birthplace: Talbot Co.

16. Informant: Mrs Sadie Urie

Address: Rock Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 6 1940 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Wesley Chapel - near Rock Hall

18. Funeral director: Wm. H. Good

Address: Church Hill, Md

19. Nov. 6 1940 (Date rec'd by registrar) Mrs. I. B. Dunding, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 3 1940, at 3:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 3 1940, and that I last saw her alive on Nov 2 1940.

Immediate cause of death: Septic sore throat

Due to:

Due to:

Other conditions: fractured arm; due to an accidental fall. Cwg. R.
(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of about Oct. 12, 1940.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): in her home.

Means of injury: Accidental fall. Injured at work? —

23. SIGNATURE: Albert A. Burgard M.D.
M. D. ~~or other~~

Address: Rock Hall Date signed: 11-5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-2)

11724

CERTIFICATE OF DEATH

Reg. Diat. No. 701

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Betterton 2nd

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DEACEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Betterton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME William Brice

3.(b) Social Security Number 217-05-9710.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	married

6.(b) Name of husband or wife Elizabeth Brice

6.(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June 4 1890

8. AGE: Years 50 | Months 4 | Days 28 | If less than one day ... hrs. ... min.

9. Birthplace Betterton Md (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Samuel Brice

FATHER 12. Name Samuel Brice

FATHER 13. Birthplace Betterton md

MOTHER 14. Maiden name Laura Richman

MOTHER 15. Birthplace Maryland

16. Informant Elizabeth Brice

Address Betterton Md

17. Still Pond (Burial, cremation, or removal. Which?) Date thereof Nov 6 1940 (month) (day) (year)

Cemetery or crematory Still Pond Md

Location Still Pond md

16. Funeral director B R Fellows

Address Still Pond md

19 Nov 6 19 40 J M Clark

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 19 40, at 10 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 21st 19 40, to Nov 2 19 40

and that I last saw him alive on Nov 2nd 19 40

Immediate cause of death	DURATION
Valvular Heart Disease	
Due to unknown.	12 days.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE L. P. Atwell M. D. or other

Address Still Pond Date signed 11-5-40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

11725

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Kent Circle

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Kent Circle
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Elizabeth Wheatley Cannon

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George Henry Cannon

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 9-5-1881

8. AGE: Years	Months	Days	If less than one day
59	2	20	——hrs. ——min.

9. Birthplace Chestertown Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name William C. Wheatley

13. Birthplace Chestertown

MOTHER 14. Maiden name Josephine Frazier

15. Birthplace Chestertown Md

16. Informant George Henry Cannon

Address Husband — Chestertown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 | 28 | 40 (month) (day) (year)

Cemetery or crematory Chester Cemetery

Location Chestertown Md

18. Funeral director Ralph H Usilton Sue

Address Chestertown Maryland

19. Nov. 28. 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25, 1940 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15, 1940, to Nov. 25, 1940, and that I last saw her alive on Nov. 25, 1940.

Immediate cause of death Asphyxia, due to Pulmonary Congestion (Passive) followed by Pulmonary Oedema — DURATION June 24, 1940.

Due to Endocarditis with Mitral Insufficiency, acute June 24, 40

Due to Attack of Influenza during Jan. 1940.

History of Rheumatism, indeterminable as to duration, further than 10 or 12 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operations.

Of autopsy No autopsy.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide —— Date of ——

Where did injury occur? —— (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ——

Means of injury —— Injured at work?

23. SIGNATURE Harry L. Dodd, M. D. or other

Address Chestertown, Md. Date signed June 26, 1940.

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

11726

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 108 Campus Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 63 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Kent

City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 108 Campus Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Merrick Clements

3. (b) Social Security Number: 179-03-3514

4. Sex: M.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertie Burchinal Clements

6(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): July 5 1877

8. AGE: Years: 63 Months: 4 Days: 11 If less than one day: ___ hrs. ___ min.

9. Birthplace: Near Chestertown Kent Co. Md.
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: Oil Refining

FATHER
12. Name (late) Alday Clements
13. Birthplace (near) Chestertown, Kent Co. Md.

MOTHER
14. Maiden name: Frances Merrick
15. Birthplace: Queen Anne Co. Maryland

16. Informant: Mrs Bertie B. Clements
Address: Chestertown Maryland.

17. Burial (Burial, ~~cremation~~, or ~~removal. Which?~~) Date thereof: Nov. 18, 1940 (month) (day) (year)

Cemetery or crematory: Chester

Location: Chestertown, Maryland.

18. Funeral director: Marvin V. Williams
Address: Chestertown Md.

19. Nov. 18. 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 16 1940, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 1940, to Nov 16 1940, and that I last saw him alive on Nov 16 1940.

Immediate cause of death: Coronary thrombosis, oedema of lungs

DURATION: 17 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H. G. Simpers M. D. or other

Address: Chestertown Date signed: 11-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

11727

CERTIFICATE OF DEATH

Reg. Dist. No. 2nd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: near Bakers Neck Church
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Public Highway
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Del. County:
City or town: Wilmington Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 401 West 20th St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John J Feeney

3. (b) Social Security Number:

4. Sex: Male | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 5, 1917

8. AGE: Years: 23 | Months: 2 | Days: 11 | If less than one day: hrs. min.

9. Birthplace: Delaware
(Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business:

FATHER 12. Name: James Feeney
13. Birthplace: Delaware

MOTHER 14. Maiden name: Gertrude Doole
15. Birthplace: Delaware

16. Informant: Gertrude Doole Feeney
Address: 401 W. 20th St. Wilmington Del

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/20/40 (month) (day) (year)
Cemetery or crematory: Cathedral
Location: Wilmington Delaware

18. Funeral director: Martin L. Williams
Address: Chestertown, Md.

19. 40 Nov 17 1940 (Date rec'd by registrar) E. Allen Lee Jones Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 16 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19; and that I last saw h alive on 19

Did not attend. Have talked with and heard Dr. Hutchison medical history of case.

Immediate cause (a) Fracture Cervical Vertebrae

DURATION

Due to (b) Auto accident

Due to (c)

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide? Accident Date of 11/16/40
Where did injury occur? Near Bakers Neck Church (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Public Highway
Means of injury: Auto accident Injured at work? No

23. SIGNATURE: Dr. Hutchison
Address: Chestertown Md. M.D. or other
Date signed: Nov 16/40

RECEIVED
DEC 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11728

(92-E)

1. PLACE OF DEATH

County Kent Registration Dist. No. 701

Village or City Coleman Rural Worton Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME H Isabella Givens

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Givens 60 years

6. DATE OF BIRTH (month, day, and year) Mar 3 1875

7. AGE Years 65 Months 8 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Colemans Rural Md

FATHER

13. NAME George Cotton

14. BIRTHPLACE (city or town) (State or country) Colemans R. Md

MOTHER

15. MAIDEN NAME Annie Rasin

16. BIRTHPLACE (city or town) (State or country) Still Pond Md.

17. INFORMANT (Address) George Givens Clinton St Elkton Md.

18. BURIAL, CREMATION, OR REMOVAL Place Colemans Date Nov 13, 1940

19. UNDERTAKER (Address) B R Fellows Still Pond Md

20. FILED Nov 13, 1940 J W Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1940, to Nov. 9, 1940

I last saw her alive on Nov. 1, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with mitral insufficiency	1 year

Other Contributory Causes of importence: Probably a remote infection

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Wm. Richmond M. D.

(Address) Chestertown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11729

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 211 South Queen St

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 63 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 211 S. Queen St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Rosie Hazelton

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Widowed

6 (b) Name of husband or wife: (Late) James Hazelton

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 2, 1877

8. AGE:

Years	Months	Days	If less than one day
63	9	6	hrs. min.

9. Birthplace: Chestertown Kent Co. Maryland
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: home

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Mrs Carrie Roberts

Address: 1206 Etting St. Balto Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 12, 1940 (month) (day) (year)

Cemetery or crematory: Chestertown

Location: Chestertown

18. Funeral director: Marvin V. Williams

Address: Chestertown Maryland

19. Nov. 12, 1940 (Date rec'd by registrar) Alice E. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 8 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Nov 8 1940 and that I last saw h-- alive on Nov 8 1940.

Immediate cause of death	DURATION
Arteriosclerosis	2
Due to	1
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. G. Simpers M. D. or other

Address: Chestertown Date signed 11-11-40

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

11731

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH:

County Kent

City or town Millington

(If outside city or town limits, write RURAL NEAR and give town)

~~Street address, hospital, or institution~~:

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) whole life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Millington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

~~Street No.~~ Worton R R

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Louis Jackson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Red	Married

6 (b) Name of husband or wife Jennie Ruggard 6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 67 | Months — | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Farm.

11. Industry or business Farm Labor

FATHER 12. Name unknown

13. Birthplace unknown

MOTHER 14. Maiden name unknown

15. Birthplace unknown

16. Informant Harry Mallett

Address Chestertown

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 24 /40 (month) (day) (year)

Cemetery or crematory Melitota

Location Melitota

18. Funeral director Asbury Heng

Address Chestertown

19. Nov. 23. 1940 (Date rec'd by registrar) F. M. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1940, at 6P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 14 1940, to Nov. 15 1940, and that I last saw h— alive on Nov. 15 - 1940.

Immediate cause of death	DURATION
Arteriosclerosis.	5.
Due to Nephritis	5.
Due to	
Other conditions Mitral Insufficiency.	?

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Smith M. D. or other

Address Chestertown Date signed Nov. 22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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Date? / Age?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-b)

11730

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Kent

City or town Millington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Millington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Maggie Jackson

3. (b) Social Security Number None

4. Sex F

5. Color or race C

6. (a) Single, married, widowed, or divorced married

B (b) Name of husband or wife Nemire Jackson

6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) unk.

8. AGE: Years 76 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Millington
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business General

FATHER
12. Name Samuel Domen
13. Birthplace Maryland

MOTHER
14. Maiden name Janie Gould
15. Birthplace Maryland

16. Informant Nemire Jackson

Address Millington md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 20, 1940 (month) (day) (year)

Cemetery or crematory Riley neck

Location near Millington md

18. Funeral director B R Fellows

Address Still Pond md

19. Nov. 20- 1940 (Date rec'd by registrar) Merritt Brice Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16th 1940, at 10:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1st 1940, to Nov 16th 1940, and that I last saw her alive on Nov 16th 1940.

Immediate cause of death Miliar Stenosis

DURATION 1 yr

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. L. Copeland M. D. or other

Address Millington md Date signed Nov 16th 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95C

11732

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Kennedyville Locust Grove Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Kennedyville Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Locust Grove

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME James Henry Jarvis

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Minnie Jarvis

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Jan 23 1868

8. AGE: Years	Months	Days	If less than one day
72	10		hrs. min.

9. Birthplace Kent Co (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER 12. Name Charles Jarvis

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Susan Pennington

MOTHER 15. Birthplace Maryland

16. Informant Minnie Jarvis

Address Kennedyville Rural Locust Grove

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 27 1940 (month) (day) (year)

Cemetery or crematory Galena

Location Galena

18. Funeral director C. R. Fellows

Address Still Pond Md

19. Nov 27 1940 (Date rec'd by registrar) J McCall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1940, at 8:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1938 to — 19—, and that I last saw h— alive on Nov. 23 — 1940

Immediate cause of death	Cardiac Dilation	DURATION
Due to	Heart	
Due to		
Other conditions	Autopsy	
	Due to the Heart Condition	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Jas. W. Ellis M. D. or other

Address Kennedyville Date signed 11-24-40

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11733

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (121)

County Kent Registration Dist. No. 202

Village or City Chestertown Hospital No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Richard Legg

(a) Residence: No. Worton, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 17-1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	1	~~1~~ 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent County, Md

FATHER

13. NAME Lawrence E. Legg

14. BIRTHPLACE (city or town) (State or country) Kent Co., Md

MOTHER

15. MAIDEN NAME Anna Ireland

16. BIRTHPLACE (city or town) (State or country) Kent Co., Md

17. INFORMANT Hospital records
(Address) Chestertown Md

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Chester Cem. Date Nov 10, 1940

19. UNDERTAKER B.R. Tilghman
(Address) Still Pond Md

20. FILED Nov. 8, 1940 Alice C. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 7, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1940, to November 7, 1940

I last saw him alive on November 7, 1940; death is said to have occurred on the date stated above, at 7 ~~02~~ A.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Generalized peritonitis sometime (type)	11-2-40
Ruptured Appendix	10-30-40?
Appendicitis	10-25-40

Other **Contributory Causes** of Importance:

Name of operation Appendectomy Date of 11-2-40

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A.C. Dietz M. D.

(Address) Chestertown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 5 1940 BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11734

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

Reg. Dist. No. 202.

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: High St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 73 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 115 Queen St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no.

3. (a) FULL NAME: Frances J. O'Leary

3. (b) Social Security Number: None

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife: (late) Frank D. O'Leary

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 6 1867

8. AGE: Years: 73 Months: 7 Days: 11 If less than one day: hrs. min.

9. Birthplace: Kent Co. Maryland (Town, county, and state)

10. Usual occupation: Store keeper

11. Industry or business: Groceries

FATHER
12. Name: Jesse W. Morris
13. Birthplace: Virginia

MOTHER
14. Maiden name: Joanna Downes
15. Birthplace: Queen Anne Co. Md.

16. Informant: Mrs Walter Wright

Address: Chestertown. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 20 1940 (month) (day) (year)

Cemetery or crematory: Chester

Location: Chestertown

18. Funeral director: Marvin V. Williams

Address: Chestertown Maryland.

19. Nov. 20. 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940, to Nov 17 1940, and that I last saw him alive on Nov 17 1940.

Immediate cause of death: Cerebral thrombosis — DURATION: 3 mos.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H. T. Simpers M. D. or other

Address: Chestertown Date signed: 1-1-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11735

(131-C)

1. PLACE OF DEATH

County Kent — Registration Dist. No. 201

Village or City Fountain near Lynch No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles H. Sewell If U. S. Veteran, specify WAR ✓

(a) Residence: No. near Lynch St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Male

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Rosa Hynson

6. DATE OF BIRTH (month, day, and year) Dec. 27. 1875

7. AGE Years 65 Months 0 Days 18 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct - 40

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Still pond (State or country) Kent Co. Md

FATHER

13. NAME John Sewell

14. BIRTHPLACE (city or town) Kennedyville (State or country) Kent Co. Md

MOTHER

15. MAIDEN NAME Annie Henry

16. BIRTHPLACE (city or town) Still pond (State or country) Kent Co. Md

17. INFORMANT Annie Sewell wife (Address) Worton R.R.

18. BURIAL, CREMATION, OR REMOVAL Place Still Pond Date Nov 19, 1940

19. UNDERTAKER B R Fellows (Address) Still Pond Md

20. FILED Nov 19, 1940 J W Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 19__, to Nov. 16, 1940

I last saw h____ alive on Nov. 16, 1940; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Nov. 15/40

Other Contributory Causes of importance:

Chronic Nephritis with	$
Aortic Regurgitation	$

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Frank W. Smith M. D.

(Address) Chestertown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11736

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Kent Registration Dist. No. 200

Village or City near Chestertown Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? all yrs. mos. ds.

2. FULL NAME Infant Wallace

(a) Residence: No. Kent Co rural St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Still Born

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Still Born				

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Child.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Kent co Md

FATHER

13. NAME Bernard Wallace

14. BIRTHPLACE (city or town) (State or country) Kent co md

MOTHER

15. MAIDEN NAME Emma Tracy Hanson

16. BIRTHPLACE (city or town) (State or country) Kent co md

17. INFORMANT Emma Tracy Wallace (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Wilmington Del. Date Nov 6, 1940

19. UNDERTAKER Bernard H. Wallace (Father) (Address) Wilmington Del

20. FILED 11/6/40, 19 Wilmington Del. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1940, to Nov 6, 1940.

I last saw h[illegible] alive on Still born, 1940; death is said to heve occurred on the date stated above, at 5 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Face Presentation

Premat

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Stack M. D.

(Address) Chestertown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 3 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11737

1. PLACE OF DEATH

County Kent — Registration Dist. No. 202

Village or City Kent & Queen Anne Hospital No. Chestertown St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Still born of James Wilson

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Blk	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 28 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Hospital (State or country) Chestertown

FATHER

13. NAME James Wilson

14. BIRTHPLACE (city or town) Cutlerstown (State or country) Kent Co. Md

MOTHER

15. MAIDEN NAME Mabel Nyman

16. BIRTHPLACE (city or town) Worton Point (State or country) Kent Co Md

17. INFORMANT James Wilson (Address) Butlerstown. Worton RR.

18. BURIAL, CREMATION, OR REMOVAL Place Butlerstown Date Nov. 28, 1940

19. UNDERTAKER James Wilson (Address) Worton RD Md

20. FILED Nov 28, 1940 Alice C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 28 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1940, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 4 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still birth	Nov. 28/40

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Francis V. Smith M. D.

(Address) Chestertown Md

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED DEC 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11738

149-B

1. PLACE OF DEATH

County Kent Registration Dist. No. 202

Village or City Chestertown Md No. Kent & Queen Anne's Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mabel Hynson Wilson If U.S. Veteran specify WAR

(a) Residence: No. Betterton Md St., ... Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	C.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Wilson

6. DATE OF BIRTH (month, day, and year) Sept-15-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~38~~	37	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Worton Point
(State or country) Kent Co. Md

FATHER

13. NAME James Hynson

14. BIRTHPLACE (city or town) Worton Point
(State or country) Kent Co. Md

MOTHER

15. MAIDEN NAME Maggie Wilson

16. BIRTHPLACE (city or town) Worton Point
(State or country) Kent Co. Md

17. INFORMANT James Wilson
(Address) Worton R.R.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Bullitown Date Nov 1 - 1940

19. UNDERTAKER Asbury Henry
(Address) Chestertown Md

20. FILED Nov 30, 1940 Alice K. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 28, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1940, to ....., 19....

I last saw her alive on Nov. 28, 1940; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Shock from prolonged labor. Delivery of Stillborn child. Probably dead for several days.

Date of onset

Other Contributory Causes of importance:

Pending Post Mortem if allowed (not allowed).

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank W. Smith M. D.

(Address) Chestertown R.R. Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN